

EMPLOYEE SUGGESTION EVALUATION

CONTRIBUTOR NAME	CODE	DATE RECEIVED	CONTRIBUTION NUMBER
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CONTRIBUTION TITLE

TO CODE	DATE FORWARDED	DUE DATE
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SIGNATURE <i>(Administrator)</i>	DATE
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NOTE: If tangible or intangible savings are expected, complete the worksheet below (under Estimate of Benefits section). If more information is needed, contact the suggester.

RECOMMENDED FOR IMPLEMENTATION? YES If yes, complete next two items and skip the one below. NO If no, go to item below.	PROPOSED IMPLEMENTATION DATE <i>(Leave blank if date cannot be determined.)</i>	WORK ORDER REQUEST/JOB ORDER NUMBER
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PLACE AN "X" IN THE APPROPRIATE BOX AND EXPLAIN BELOW *(If more room is needed, use other side.)*

Current situation cannot be changed	Idea is not cost effective	Someone is already working on this solution	Experimental work/trial test is needed
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ESTIMATE OF BENEFITS

INTANGIBLE BENEFITS *(Place an "X" in the most appropriate box below. Refer to the attached benefits sheet for assistance)*

VALUE	Moderate	Substantial	High	Exceptional
EXTENT OF APPLICATION	Limited	Extended	Broad	General

TANGIBLE BENEFITS: *(Complete both Methods below)*

(Former Method)	(New Method)
Hourly Labor	Approx. Annual Labor Savings
Material	Approx. Annual Material Savings

INSTALLATION/IMPLEMENTATION COST	AWARD AMOUNT
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COMMENTS *(Please use the back of this sheet if more space is needed to provide additional information regarding the adoption of this suggestion.)*

SIGNATURE <i>(Evaluator)</i>	DATE	CODE	PHONE NO.
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SIGNATURE <i>(Division Head or Approving Official)</i>	DATE	CODE	PHONE NO.
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REMARKS:

CONTRIBUTION NUMBER